

10/630,394

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

Komatsu C-290

CLAIMS AS FILED - PART I

(Column 1)		(Column 2)
TOTAL CLAIMS	18	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	18 (minus 20=)	10
INDEPENDENT CLAIMS	2 (minus 3=)	10
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

• If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE C-2		OTHER THAN OR SMALL ENTITY	
RATE	FEES	RATE	FEES
BASIC FEE	375.00	OR BASIC FEE	750.00
X\$9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL	375	OR TOTAL	

CLAIMS AS AMENDED - PART II

4/25/05

(Column 1)		(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	18 (minus)	20	<input checked="" type="checkbox"/>
Independent	2 (minus)	3	<input checked="" type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

SMALL ENTITY OR		OTHER THAN SMALL ENTITY	
RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$9=	<input checked="" type="checkbox"/>	OR X\$18=	
X42=	<input checked="" type="checkbox"/>	OR X84=	
+140=	<input checked="" type="checkbox"/>	OR +280=	
TOTAL ADDT. FEE	/	OR TOTAL ADDT. FEE	

10/28/05

(Column 1)		(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	18 (minus)	20	<input checked="" type="checkbox"/>
Independent	3 (minus)	3	<input checked="" type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE		ADDI- TIONAL FEE	
X\$9=	<input checked="" type="checkbox"/>	OR X\$18=	
X42=	<input checked="" type="checkbox"/>	OR X84=	
+140=	<input checked="" type="checkbox"/>	OR +280=	
TOTAL ADDT. FEE	/	OR TOTAL ADDT. FEE	

11/25/05 (No claim charged)

(Column 1)		(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	18 (minus)	20	<input checked="" type="checkbox"/>
Independent	3 (minus)	2	<input checked="" type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE		ADDI- TIONAL FEE	
X\$9=	<input checked="" type="checkbox"/>	OR X\$18=	
X42=	<input checked="" type="checkbox"/>	OR X84=	
+140=	<input checked="" type="checkbox"/>	OR +280=	
TOTAL ADDT. FEE	/	OR TOTAL ADDT. FEE	

• If the entry in column 1 is less than the entry in column 2, write "0" in column 2.

• If the "Highest Number Previously Paid For" in this space is less than 20, enter "20".

• If the "Highest Number Previously Paid For" in this space is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.